

PAYING TRIBUTE TO SGT. TONY
LOMBARD

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 16, 2002

Mr. McINNIS. Mr. Speaker, I would like to take this opportunity to pay tribute to Sergeant Tony Lombard of the Denver Police Department and thank him for his extraordinary contributions to his community and to his state. As a resident of Denver, Colorado, Tony has dedicated himself to protecting the Denver community by selflessly devoting his time and energy to his job, his family, and his community. His remarkable twenty-nine years on the force serve as a symbol of the commitment that Tony feels for the Denver Police Department and the City of Denver. As we celebrate the accomplishments of this fine career, let it be known that I, along with the people of Colorado, applaud his efforts and are eternally grateful for all that he has done for his community.

Throughout his career, Tony served as a spokesman and legislative lobbyist for the Denver Police Department. He has also worked as an active member in the narcotics division and credits his wife, Cynthia for always understanding his absence when work required him to leave church, movies, parties, and family dinners. As a former police officer, I understand Mr. Lombard's frustration and tolerance. Moreover, his goodhearted interests have further served to set him apart in his community, and have earned him much respect throughout the Denver Police Department.

Throughout the course of his career, Tony served in the sex-crimes unit and also worked for several years with his father in the public information office. Together, they comprised the only father-son spokesman team in the department's history. Tony is retiring because he wants to pursue other avenues of work such as working with the Police Protective Association.

Mr. Speaker, it is clear that Tony Lombard is a man of unparalleled dedication and commitment to his job, his community and his family. It is his commitment to hard work, as well as his spirit of integrity and selflessness with which he has always conducted himself that I wish to bring before this body of Congress. Sgt. Tony Lombard has served his state and his country in an honorable manner, and it is my privilege to extend to him my sincere congratulations on his retirement and I wish him all the best in his future endeavors.

UKRAINE BI-ELECTIONS

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 16, 2002

Mr. LANTOS. Mr. Speaker, I wish to call attention once again to the alarming conditions surrounding the Ukrainian parliamentary bi-elections, held on Sunday, July 14. On the evening of July 12, less than forty-eight (48) hours before the balloting was to begin, a local court found Olexander Zhyr, the candidate I referred to in my remarks last week,

guilty of campaign finance improprieties. Mr. Zhyr was disqualified from the race with no time to appeal the decision. As the domestic nonpartisan election watchdog group the Committee of Voters of Ukraine has commented, the last minute timing of the decision made it impossible for the elections to be considered democratic.

Mr. Speaker, I have already gone on the record as noting the important role Mr. Zhyr played in the Ukrainian Rada, heading the parliamentary committee that investigated the murders of Ukrainian journalists. Additionally, Mr. Zhyr was leading investigations into accusations that the Ukrainian government illegally exported arms to Iraq. I would like to express my deep concern that Mr. Zhyr's disqualification was politically motivated. Electoral manipulation of this sort severely undermines the democratic process. Again, I would stress that as a country that aspires to full membership in Western institutions, the Government of Ukraine must improve its democratic record. A good start would be to reverse the decision to disqualify Mr. Zhyr, and allow him to participate in an election that meets international standards of transparency and democratic procedures.

INTRODUCTION OF ESRD QUALITY IMPROVEMENT ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 16, 2002

Mr. STARK. Mr. Speaker, I rise today to introduce the ESRD Quality Improvement Act. To address the life and death importance of quality dialysis therapy for End Stage Renal Disease patients, this legislation would codify and build upon existing quality improvement efforts in a variety of ways including the addition of recognition for outstanding clinical outcomes and sanctions for chronically substandard care.

The 340,000 ESRD patients are the only Medicare enrollees eligible for coverage due to a specific medical diagnosis. ESRD patients have lost full kidney function and must undergo a kidney transplant or weekly dialysis treatments to survive. This chronically ill group of beneficiaries presents Congress with a special responsibility with regard to assuring quality and safe care.

As the dominant purchaser of dialysis services, the Medicare Program must demand improvement of deficient practices. Unfortunately, there is evidence that substandard care is being delivered at some Medicare funded sites. In 2000, the Inspector General noted numerous instances of poor care and an oversight system that is fragmented and lacks sufficient accountability. The GAO reported that in 1999, only 1 in 9 dialysis facilities underwent an unannounced inspection and that in 1998, almost 1 in 2 dialysis facilities had not been inspected within three years. A February 2002 Arizona Republic article further highlights the need for enhancements to the dialysis quality infrastructure. The article illustrates some patients are receiving weekly dialysis in atrocious conditions—unacceptable practices reported include poor or absent staff training, incorrect operation of dialysis machines, unclean facilities, neglected quality

controls, and mission documentation. The full article is attached.

I'm pleased to note that the Center for Medicare and Medicaid Services (CMS) is currently making improvements in the quality of the ESRD Program such as the implementation of health outcomes standards and data system to assess quality of services. I regret it has taken so long to move forward with these efforts and I believe some deficiencies remain. This bill does not delay or interfere with the current quality initiatives, and in fact, builds upon them.

Currently, there only minimal ESRD quality assurance provisions in statute or regulation. The act would establish in statute a quality oversight role for the Department of Health and Human Services (HHS). In addition, a quality coordination function with certain duties delineated for the regional ESRD Quality Networks. The Networks are contracted by CMS to administer the ESRD program and serve as a liaison between dialysis provider and the Department. The Network quality functions delineated in the bill include training and technical assistance for providers, data collection and analysis, establishing national performance standards, conducting peer reviews, monitoring patient satisfaction, and disseminating of best practices. In coordination with existing HHS and Network goals, ESRD Clinical Performance Measures are to be developed to serve as performance standards to which patient and facility clinical outcomes can be compared.

The bill also requires the HHS Secretary to implement an information system to link service providers, Networks, and the Department and maintain national database that generates clinical profiles on the performance of dialysis facilities and providers. To provide incentives for high quality care and promote the exchange of best practices, awards for high achievement will be issued to top performing dialysis providers and facilities. To eliminate harmful care, provider and facility sanctions for substandard services are created.

Conditions of participation in the Medicare program for providers and facilities would be expanded to incorporate the terms of the CQI and QA Programs established in the bill. Also, to further support the quality provision of the bill, a per-treatment fee of 0.50 cents shall be paid to the Networks by the HHS Secretary during the initial 30-month period for which dialysis facilities are currently exempted. Consistent with the current process, dialysis facilities would continue to pay the 0.50 per-treatment fee beginning in the 31st month.

It is my hope that Congress, CMS and the ESRD provider community will react positively to the introduction of this bill. We need to work together to assure all ESRD facilities funded by Medicare are doing no harm. Please join me in this effort by agreeing to cosponsor the ESRD Continuous Quality Improvement act.

TRIBUTE TO THE SISTERS AND TO
OSF ST. FRANCIS MEDICAL CENTER

HON. RAY LAHOOD

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 16, 2002

Mr. LAHOOD. Mr. Speaker, I rise today to extend my congratulations to the Sisters and